

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**Applicant(s): **Hideyuki ISHIKAWA**

Docket No.

**121027-053**

Application No.

**09/864,836**

Filing Date

**May 24, 2001**

Examiner

**Karin Reichle**

Group Art Unit

**3761**

Invention:

**DISPOSABLE DIAPER AND PROCESS FOR MAKING THE SAME****RECEIVED  
CENTRAL FAX CENTER****JUL 20 2004****OFFICIAL**I hereby certify that this Second Supplemental Amendment and Amendment Transmittal

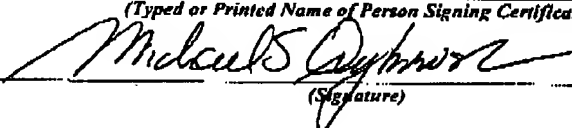
(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on July 20, 2004

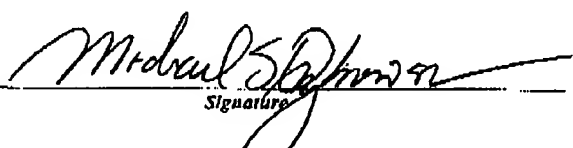
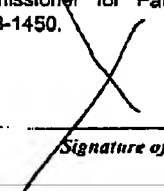
(Date)

Michael S. Gzybowski

(Typed or Printed Name of Person Signing Certificate)

  
(Signature)

Note: Each paper must have its own certificate of mailing.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>121027-053</b>	
Applicant(s): <b>Hideyuki ISHIKAWA</b>						
Application No. <b>09/864,836</b>	Filing Date <b>May 24, 2001</b>	Examiner <b>Karin Reichle</b>	Customer No. <b>35684</b>	Group Art Unit <b>3761</b>	Confirmation No. <b>4999</b>	
Invention: <b>DISPOSABLE DIAPER AND PROCESS FOR MAKING THE SAME</b>						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>12-2136</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 Signature			Dated: <b>July 20, 2004</b>			
Filed via facsimile transmission			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  <div style="text-align: center;">             Signature of Person Mailing Correspondence         </div> <div style="text-align: center;">           _____            Typed or Printed Name of Person Mailing Correspondence         </div>			
cc:						